

09/22/00 JCS13 U.S. PTO

9-25-00

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106899/60
PTO/SB/50 (4/98)
Approved for use through 09/30/2000. OMB 0651-0033
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Please type a plus sign (+) inside this box → ☒

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	RM233d
	First Named Inventor	Nolan
	Original Patent Number	5,812,978
	Original Patent Issue Date (Month/Day/Year)	9/22/98
	Express Mail Label No.	EL558236817US

APPLICATION FOR REISSUE OF: (check applicable box)

☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION/PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
(If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Other: _____

*** NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **23996** or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

NAME (Print/Type)	Rick Martin	Registration No. (Attorney/Agent)	32,267
Signature	<i>Rick Martin</i>	Date	9-22-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.**

09/22/00

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PTO/SB/56' (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

RM233d

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 37	**** 17 =	x \$9. =	153.	or	x \$ =
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 12	* 10 =	x \$39. =	390.		x \$ =
Basic Fee (37 CFR 1.16(h))					\$345.		\$
Total Filing Fee					\$888.	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ =		or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			x \$ =
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0617.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 888.00 to cover the filing / additional fee is enclosed.

9-22-00
Date

Rick Martin
Signature of Applicant, Attorney or Agent of Record

Rick Martin
Typed or printed name

REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional)

RM233d

10/13 U.S. 09/668901
09/22/00

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Nolan

Patent Number

5,812,978

Date Patent Issued

9/22/98

Title of Invention

Wheelchair Voice Control Apparatus

I am the inventor of the original patent.

I offer to surrender the original patent.

1. ☒ Filed herein is a certificate under 37 CFR 3.73(b).

2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Date

Typed or printed name

Daniel A. Nolan

The assignee owning an undivided interest in said original patent is Orville K. Hollenbeck and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Orville K. Hollenbeck

Signature of person signing for assignee

Date

Typed or printed name and title of person signing for assignee

Orville K. Hollenbeck / N/A

Read and Hear Statement: This form is estimated to take 0.1 hours to complete. Time will be determined upon the needs of the applicant. All comments and suggestions for improvement are required to complete the form and will be sent to the Patent and Trademark Office, Washington, DC 20231. The Patent and Trademark Office is not responsible for the content of this form.

10/13 Signature

jc813 USPTO 09/22/00



REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT

Docket Number (Optional)

RM233d

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s):

Nolan

Patent Number

5,812,978

Date Patent Issued

9/22/98

Title of Invention

Wheelchair Voice Control Apparatus

Orville K. Hollenbeck is the assignee of the entire interest in the original patent.

I offer to surrender the original patent.

☒ A certificate under 37 CFR 3.73(b) is attached.

I am authorized to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Orville K. Hollenbeck

Signature of person signing for assignee

Orville K. Hollenbeck

Date

9/10/2000

Typed or printed name and title of person signing for assignee

Orville K. Hollenbeck / N/A

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Nolan**

Docket No.

RM233d

Serial No.

Filing Date

Examiner

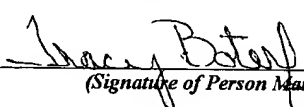
Group Art Unit

JCS13 U.S. PTO
09/22/00
09/22/00Invention: **Wheelchair Voice Control Apparatus**

I hereby certify that the following correspondence:

Re-Issue Application*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

9/22/00*(Date)***Tracy Boterf***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EL558236817US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**